F F S S A M P L E

RENDERING PROVIDER FORM

Mail to: Department of Mental Health
Chief Information Office Bureau
Systems Access Unit
695 South Vermont Avenue
Los Angeles, CA 90005

S A M P L E

Request Type

Submit Date 0 4 1 1 0 7 | [X] New | [ ] Update | License Reporting Unit Effective Date | [ ] Terminate | [ ] Name Change

General Information

Last Name: PEACEMAKER

First Name: NOEL

Middle Initial: S Sex: [X] M [ ] F Ethnicity

DMH/NGA Staff Code

FFS Ind Prov No. P S Y 2 9 8 1 7 6

SSN (Last 4 only) 0 `2 0 2

Language Code 0 1 3 4

Select DMH Classcode:
[ ] DMH
Prov name:

[ ] DHS
Prov name:

[X] Non-Governmental Agency (DMH Contracted)
L.E. #:

L.E. Name:

[X] FFS Individual [ ] FFS Group [ ] FFS Org

Tax Payer ID (FFS only) 5 6 5 1 0 0 2 0 2

Contact & Assigned Location Information

Contact name: JANE NEWBERRY

Contact Email: jnewberry@sample.net

Contact phone no: (211) 256-0123

Contact Fax No: (211) 256--1430

[X] **Add this rendering provider in the service location indicated below: (please use form MH-228A for additional locations)**

[ ] **Delete this rendering provider in the service location indicated below.** [ ] **Delete this rendering provider in ALL service locations within the legal entity indicated above.**

DMH/NGA Prov No./Rept Unit 7 1 9 2 A FFS Group/Org Prov No.

(Please enter the provider no. associated to the above taxpayer ID)

Effective Date 0 4 1 1 0 7 Termination Date Locum Tenum Intern

Name of Organization: HAVEN MENTAL HEALTH ASSOC. Service Area MHSA

Address: 4231 NEW ATTITUDE BLVD City: RAGE TOWN Zip: 02346

Taxonomy and License Information (Required if request type is NEW)

Description: PHYSICIAN, PSYCHIARTY Taxonomy 2 0 8 4 P 0 8 0 0 X

Professional License # C 1 0 2 3 8 9 1 Effective Date 0 1 0 1 0 7 Expiration Date 0 1 0 1 1 0

Description: Taxonomy

Professional License # Effective Date Expiration Date

DEA License # B B 2 2 2 2 2 2 2 Expiration Date 0 1 0 1 1 0

Medicare Prov No. (DMH directly-operated only) PPIN Medicare No. (DMH directly-operated only) Expiration Date

NPI 1 2 3 6 7 0 2 8 5 1 NPI Effective Date 0 4 0 2 0 7

Authorized Manager/Designee Signature: SIGNATURE REQUIRED Print Name: BEGONE JANUARY Date: 4/11/07

CIOB USE ONLY

Rendering Provider IS No: Ticket #

Date Processed Processed by: